BUILDING PERMIT APPLICATION

FAIRFAX COUNTY OFFICE OF BUILDING CODE SERVICES

PERMIT APPLICATION CENTER
12055 Government Center Parkway, 2nd Floor
Fairfax Virginia 22035-5504

101	Telephone. 703-222-0001		
	Web site: http://www.co.fairfax.va.us/dpwe		

Fairfax, Virginia 22035-5504	web site: http://www.co.fairfax.va.us/dpwes
	NFORMATION IN THIS COLUMN RINT OR TYPE)
JOB LOCATION	
ADDRESS	
LOT#	BUILDING
FLOOR	SUITE
SUBDIVISION	
TENANT'S NAME	
OWNER INFORMATION	OWNER D TENANT D
NAME	
ADDRESS	
	STATE ZIP
TELEPHONE	
	TION GALERIA OVER T
CONTRACTOR INFORMA CONTRACTORS MUST PROVIDE THE F	TION SAME AS OWNER \square COLLOWING:
COMPANY NAME	
ADDRESS	
	STATE ZIP
TELEPHONE	···
STATE CONTRACTORS LIC	CENSE #
COUNTY BPOL #	
APPLICANT	
DESCRIPTION OF WORK	
HOUSE TYPE	
ESTIMATED COST OF CON	STRUCTION
BLDG AREA (SQ FT OF FOO	OTPRINT)
USE GROUP OF BUILDING	
TYPE OF CONSTRUCTION	
SEWER SERVICE PUBLIC	\square SEPTIC \square OTHER \square
WATER SERVICE PUBLIC	\square WELL \square OTHER \square
OTHER PLEASE SPECIFY	
DESIGNATED MECHANIC	S' LIEN AGENT
(Residential Construction Only)	
NAME	
ADDRESS	
NONE DESIGNATED	PHONE
CHARACTERISTICS FOR NE	
# KITCHENS	EXTER. WALLS
# KITCHENS	EXTER. WALLS
# HALF BATHS	ROOF MATERIAL
	_
# BEDROOMS	FLOOR MATERIAL
# OF ROOMS	FIN. BASEMENT %
# STORIES	HEATING FUEL
BUILDING HEIGHT	HEATING SYSTEM
BUILDING AREA	# FIREPLACES
BASEMENT	

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		(see back for more information
	E IN GRAY SPACES	- COUNTY USE ONLY
PLAN # TAX MAP #		
TAA MAP#		
ROUTING	DATE	APPROVED BY
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SITE PEN	$\Delta H A A$	ᅢ┍┵╢═╢╒
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BUILDING REVIE SANITATION	2 W	
FIRE MARSHAL		
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PROFFERS		D JI 'A'
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AMOUNT DUE	= \$	
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BUILDING PLAN REVIEWER		T OF VS
REVIEWER	H // H	- FOR CS
FIRE MARSHAL		┨┕┱┨┟──
FIXTURE UNITS		PLAN LOC: J \(\bar{\bar{\bar{\bar{\bar{\bar{\bar{
(LOG OUT)	. ISSUANCE OF	BUILDING PERMIT
BY		DATE
ZONING REVIEV	V	
USE	THOM	ODICAL DISTRICT
ZONING CASE #	HISTO	ORICAL DISTRICT
GROSS FLOOR A	REA OF TFNAN	 Γ SPACE
YARDS:	GARAGE	$1 \square 2 \square 3 \square$
FRONT	OPTIONS	YES D NO D
FRONT	REMARKS	
L SIDE		
R SIDE		
REAR		
GRADING AND I	ORAINAGE REV	IEW
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AREA TO BE DISTUR	,	· ————
IMPERVIOUS AREA		
PLAN#	A	PPR. DATE
STAMPS		
,	(See reverse side of app	nlication)
REMARKS	See reverse side of app	piication)
NEWIAKNS		
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V • V •		, to wi
otary Public in the State a	nd County aforesaid do	, certify that
	County attiesalu, ut	coating time
nea nama is signad to this an		
ose name is signed to dus at	pplication, appeared befo	ore me in the State and County
oresaid and executed this aff		ore me in the State and County

part of this application and must be complied with. I hereby certify that I have authority of the owner to make this application, that the information is complete and correct, and that the construction and/or use will conform to the building code, the zoning ordinance and other applicable laws and $% \left(x\right) =\left(x\right) +\left(x$ regulations which relate to the property.

Signature of Owner or Agent Date

Printed Name and Title (Notarization of signature is required if owner is listed as the contractor and is not present at time of application)

My commission expires the ____

(Notary Signature)